



DUI Alcohol or Drug Use Risk Reduction Program Checklist

PLEASE READ CAREFULLY, AS THE APPLICATION HAS BEEN RECENTLY REVISED

- ☐ All applicants—including partners, corporate officers, and/or controlling stockholders—must sign the Statement of Completion at the bottom of this page and include it with the application.
- ☐ All applicants— including partners, corporate officers, and/or controlling stockholders —are required to complete all sections of the application with the exception of Section 1, which only needs to be completed once. You may photocopy these sections accordingly.
- ☐ All applicants— including partners, corporate officers, and/or controlling stockholders must undergo a fingerprint-based background check as designated by the Department of Driver Services. Instructions will be forthcoming after the application is received.
- ☐ All applicants— including partners, corporate officers, and/or controlling stockholders —must submit a notarized Consent for Background Investigation. You may photocopy this form as necessary. (Form # RC-900)
- ☐ All applicants - if you have been licensed in a state (or states) other than Georgia in the past five (5) years, you must obtain and submit a Motor Vehicle Report (MVR) from each state in which you were licensed.
- ☐ All applicants— including partners, corporate officers, and/or controlling stockholders must submit one (1) photograph, taken within thirty (30) days of filing this application.
- ☐ Submit proof of a continuous surety bond from a bonding company authorized to conduct business in the state of Georgia in the principal sum of \$10,000 for each program location. (Form # RC-RRP-101)
- ☐ Submit proof of a fire code inspection of the program location, dated within 90 days of filing the application, showing no violations.
- ☐ Submit a copy of the program's business license.
- ☐ Submit the program's Standard Business Hours. (Form # RC-800)
- ☐ Submit a notarized letter appointing one or more individuals as program director. Unless previously approved, each director will be required to submit a director application. (Form # RC-RRP-300)
- ☐ Submit a signed Instructor Letter of Intent from each certified DUI instructor who will teaching at your program. (Form # RC-RRP-508)
- ☐ If incorporated, submit a copy of the Certificate of Incorporation from the Secretary of State; *or*
- ☐ Submit a notarized certification of the adopted business name. The notarized certification that is required by our Department, per Ga. Admin. Comp. Ch. 375-5-.04(4), is obtained from the Clerk of the Superior Court. (Form # RC-700)

NOTE: Programs will be required to submit drafts of the student assessment and intervention contracts, pre-numbered and pre-printed with program address and phone number. Standardized contracts will be provided by the Department after the application has been accepted.

STATEMENT OF COMPLETION

I hereby certify that this application includes all documents which are required to be attached, for the approval as outlined above. I understand that an incomplete application or application lacking the necessary paperwork will result in my application not being processed.

Printed Name

Legal Signature

Date

**Please submit application and all supporting documents to:
Georgia Department of Driver Services
Attn: Regulatory Compliance Division
2206 East View Parkway
Conyers, Georgia 30013**

An application drop box is also available at the entrance of the Conyers Customer Service Center.



DUI Alcohol or Drug Use Risk Reduction Program Owner Application

SECTION 1: Program Information

Full Legal Name of DUI Alcohol or Drug Use Risk Reduction Program

Trade Name/DBA, if applicable

Physical Address City County State Zip Code

Mailing Address ☐ Same as above City County State Zip Code

Program Telephone Number Program Facsimile Number

Program Email Address Program Website

Contact Name Title Phone Number Email Address ☐ Same as above

☐ I would prefer all correspondence be mailed to the mailing address above.
Unless the box is checked, all correspondence will be emailed to the email address provided.

NOTE: You will be required to have a working and verifiable telephone number prior to being certified.

1.1 Will this program be a corporation or limited liability company?

☐ Yes ☐ No

1.1.1 If you indicated "Yes" to question 1.1, have you applied for and successfully obtained a Certificate of Incorporation or Certificate of Authority from the Georgia Secretary of State?

☐ Yes ☐ No

1.1.2 If yes, list the names of all officers or controlling stockholders.

Name	Title/Position	Interest Held

1.2 Will this program be jointly owned (partnership)?

☐ Yes ☐ No

1.2.1 If yes, list the names of all partners/owners.

Name	Title/Position



1.3 Please indicate below who will be the designated director of this program.

Last Name	First Name	Middle Name	Suffix
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1.3.1 Is the individual named in question 1.3 certified as a director by the Department of Driver Services?
☐ Yes ☐ No

1.4 Indicate the services this facility will offer:
☐ Classroom and office with full operating hours ☐ Satellite classroom only

1.4.1 If classroom only services are indicated in question 1.4, list the principal program location where the records will be maintained.

Program Name	Program Certification Number
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1.5 In the chart below, list the full name of the instructors that will be employed at your program.

Name	DDS Instructor Certification #	DDS Expiration Date

SECTION 2: Applicant Information

Last Name	First Name	Middle Name	Suffix	Title/Position
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Date of Birth	Driver's License #	State of Issuance	Social Security #
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Home Address	City	County	State	Zip Code
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Mailing Address	<input type="checkbox"/> Same as above	City	County	State	Zip Code
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Primary Phone Number	Secondary Phone Number
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Email Address

2.1 Have you been fingerprinted within the past six (6) months for any other DDS Program (i.e. Driver Training, Driver Improvement)?
☐ Yes ☐ No

2.1.1 If you answered "Yes" to question 2.1, indicate in the space provided below the program(s) for which you were fingerprinted and the date(s).

Program(s)	Date(s)
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2.2 Are you currently, or have you ever been, certified as a DUI Alcohol or Drug Use Risk Reduction program owner or instructor in the state of Georgia?

☐ Yes ☐ No

2.2.1 If you answered "Yes" to question 2.2, list your certification number: _____

2.3 Are you currently, or have you ever been, certified by the Department of Driver Services as a driver improvement or driver training owner or instructor, or an ignition interlock operator, or an alcohol and drug awareness (ADAP) instructor?

☐ Yes ☐ No

2.3.1 If you answered "Yes" to question 2.3, indicate your certification type(s) and certification number(s):

2.4 Have you ever been certified by Prevention Research Institute, Inc. (PRI) to instruct any of their curricula?

☐ Yes ☐ No

2.4.1 If you answered "Yes" to question 2.4, provide the name of the curriculum you were certified by PRI to instruct and the date you received that certification.

Name of Curriculum

Version

Date Certified

SECTION 3: Applicant Qualifications

3.1 Are you a United States citizen?

☐ Yes ☐ No

3.1.1 If you answered "No" to question 3.1, are you legally present in the United States?

☐ Yes ☐ No

NOTE: Acceptable proof of citizenship or lawful presence may be required.

3.2. Are you currently employed with the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Human Resources?

☐ Yes ☐ No

3.3 Do you have a spouse, dependent child, dependent stepchild, or dependent adopted child that is currently employed with the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Human Resources?

☐ Yes ☐ No

3.4 Are you currently employed as a judge, public or private probation officer, public or private probation employee or agent, bail bondsman, employee or agent of a bonding company, law enforcement or peace officer, or employee of a court in this or any other state?

☐ Yes ☐ No

3.5 Do you have a spouse that is employed as a judge, public or private probation officer, public or private probation employee or agent, bail bondsman, employee or agent of a bonding company, law enforcement or peace officer, or employee of a court in this or any other state?

☐ Yes ☐ No

3.6 Do you own, manage, or operate a private company that has contracted to provide probation services for misdemeanor cases in this or any other state?

☐ Yes ☐ No

3.7 Are you at least 21 years of age?

☐ Yes ☐ No



SECTION 4: Criminal History

4.1 Have you ever been convicted of or plead guilty or *nolo contendere* to any crime which constitutes a felony?

☐ Yes ☐ No

4.2 Have you been convicted of or plead guilty or *nolo contendere* to any misdemeanor involving fraud, dishonesty, or deceit within the ten (10) year period preceding the date of this application?

☐ Yes ☐ No

4.3 Have you been convicted of or plead guilty or *nolo contendere* to any other misdemeanor, including driving under the influence, within the five (5) year period preceding the date of this application?

☐ Yes ☐ No

4.4 Are you currently on probation for any criminal offense in this or any other state?

☐ Yes ☐ No

4.4.1 If you answered "Yes" to question 4.4, give the nature of probation in the area below.

Offense	State and County	Date
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Offense	State and County	Date
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4.5 Are there any criminal charges currently pending against you?

☐ Yes ☐ No

4.5.1 If you answered "Yes" to question 4.5, provide the nature of the charges below.

Charge	State and County	Date
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Charge	State and County	Date
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4.6 In the space provided below, list your complete criminal history for the previous ten (10) years, including charges that were dismissed, *nolle prossed*, or no-billed.

Offense	State and County	Date	Disposition
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Offense	State and County	Date	Disposition
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Offense	State and County	Date	Disposition
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Offense	State and County	Date	Disposition
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4.7 Have you received a pardon for any of the offenses listed in question 4.6 above?

☐ Yes ☐ No

4.7.1 If you answered "Yes" to question 4.7, attach a copy of the pardon.

SECTION 5: Driving History

5.1 Do you currently possess a valid driver's license?

☐ Yes ☐ No



5.2 In the area provided below, list your driver's license information for the past five (5) years, including any previous states.

Driver's License Number	State	Expiration Date	Years Licensed in State

5.3 Is your driver's license or driving privileges currently cancelled, suspended, or revoked in this state or any other jurisdiction?

☐ Yes ☐ No

5.4 Are there any *pending* cancellations, suspensions, or revocations against your driver's license?

☐ Yes ☐ No

5.5 Has your driver's license been cancelled, suspended, or revoked within the past five (5) years?

☐ Yes ☐ No

5.5.1 If you answered "Yes" to question 5.5, list the state(s) that revoked, suspended, cancelled, or denied your driver's license and the reason(s).

State	Reason	Month/Year

5.6 List your complete driving history for the previous five (5) years, including pleas of *nolo contendere*.

Offense	State and County	Date	Disposition
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Offense	State and County	Date	Disposition
---------	------------------	------	-------------

Offense	State and County	Date	Disposition
---------	------------------	------	-------------

Offense	State and County	Date	Disposition
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5.7 Are there any traffic charges currently pending against you?

☐ Yes ☐ No

5.7.1 If you answered "Yes" to question 5.7, provide the nature of the charges below.

Charge	State and County	Date
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Charge	State and County	Date
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SECTION 6: Applicant Affirmation

Under penalty of law, I do hereby swear or affirm that all the information that I have provided herein is complete and accurate.

Furthermore, I will maintain the confidentiality of all program records including, but not limited to: assessment results and other Program components. Records shall be confidential and shall not be released without the written consent of the student, except that such records shall be made available to DDS upon request.

I will refrain from abusing alcohol or other drugs, and from using illegal drugs.

I will submit all reports and information as specified in the DDS rules and regulations, and operations guidelines, and will allow the examination and audit of the books, records, and financial statements of my risk reduction program by the Department of Driver Services.

In accordance with O.C.G.A. §40-5-83(e), I agree to pay to the state of Georgia a fee of \$22.00 for each student assessed.

I hereby authorize the release to DDS of any information necessary for the determination of my application for program certification. I understand that this information will be used only for the purpose of processing my application. Photocopies of this authorization will be valid for the purpose of obtaining requested information.

The driver improvement clinic complies with the requirements set forth by the Americans with Disabilities Act of 1990.

I understand that to knowingly make a false statement or conceal a material fact in this application will result in the denial of my application, the cancellation of my certification (if applicable), and criminal charges being brought against me.

Legal Signature

Date

Sworn to and subscribed before me

this ____ day of _____ 20 ____.

(SEAL)

Notary

Georgia Department of Driver Services
Regulatory Compliance Division, 2206 East View Parkway, Conyers, GA 30013

CONSENT FOR BACKGROUND INVESTIGATION

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F	OFFICE USE ONLY
OFFICE USE ONLY			

APPLICANT TYPE: (OFFICE USE ONLY)

<input type="checkbox"/> DUI Risk Reduction	<input type="checkbox"/> Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Instructor
<input type="checkbox"/> Driver Improvement	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Driver Training	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Third Party	<input type="checkbox"/> Tester	<input type="checkbox"/> Examiner	
<input type="checkbox"/> Ignition Interlock	<input type="checkbox"/> Owner/Operator		
<input type="checkbox"/> Chauffeur			

Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) / /
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)? <div style="display: flex; justify-content: space-around;">YesNo</div>	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code

Have you been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any crime whether felony or misdemeanor, in this state, in any other state, or in the federal system?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are now charged, under indictment, or have court hearings pending for any charges, give details below:			

I hereby apply for Certification(s) to be issued by the Regulatory Compliance Division of the Department of Driver Services (DDS). I understand that my criminal history, driver's history, and legal presence will be checked. I hereby give consent for the DDS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information in my application or on this Consent Form may result in certificate denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty of perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature

Date

THIS CONSENT FORM MUST BE NOTARIZED

Subscribed to and sworn before me:

SEAL OR STAMP

Notary Signature

Date

My commission expires:

SURETY BOND FOR DUI, ALCOHOL OR DRUG USE RISK REDUCTION PROGRAM

Bond # _____

KNOW ALL MEN BY THESE PRESENTS: That we,

(Name of Risk Reduction Program Including the Legal Name and any D/B/A Name)

as Principal, and _____

a corporation organized and existing under the laws of the State of _____

and authorized to do business in the State of Georgia, for use and benefit of all interested persons, injured by any breach of the conditions of this obligation, in the sum of TEN THOUSAND (\$10,000) DOLLARS lawful money of the United States of America, for the payment of which sum, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

SEALED WITH our seals and dated this _____ day of _____, 20_____.

THE CONDITIONS OF THE ABOVE OBLIGATIONS ARE SUCH THAT:

WHEREAS, the above mentioned Principal has made application to the DEPARTMENT OF DRIVER SERVICES for a certificate to operate a DUI, Alcohol or Drug Use Risk Reduction Program under the provisions as set out in O.C.G.A. 40-5-83, representing by said application and by these presents, that all the statements set forth in said application and all of the written evidence or other probative matter filed in connection with such application, are true; and obligating itself and its agents to faithful compliance with all provisions of O.C.G.A. 40-5-83 as now or hereafter amended, and any and all regulations and orders issued or hereafter to be issued by the DEPARTMENT OF DRIVER SERVICES and specifically with Georgia Law, O.C.G.A. Title 40 for the protection of the contractual rights of students who enter into the annexed

contract with _____
(Name of Risk Reduction Program and Full Location Address)

WHEREAS, a copy of the contract of the Principal is hereby attached and made a part of this undertaking.

NOW, THEREFORE, if said Principal shall in all things well and truly perform, fulfill, comply with and observe all and singular the above named conditions, representations and obligations, then this obligation shall be null and void; otherwise to be and remain in full force and effect, provided, however, that the aggregate liabilities recoverable against such bonds shall not exceed the sum of TEN THOUSAND (\$10,000) DOLLARS regardless of the number of claimants.

IN WITNESS HEREOF, said Principal has hereunto set its hand and seal and the said Surety has caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed this

_____ day of _____, 20_____.

ATTEST:

Principal

Witness Countersigned

Name

Resident Agent of Georgia

Signature

Address of Resident Agent

By: _____
Attorney-in-Fact

Telephone Number
RC-RRP-101(09/09)



Standard Business Hours

Risk Reduction Program Hours of Operation

Ga. Admin. Comp. Chapter 375-5-6-.19 Each program shall maintain business hours of at least fifteen (15) hours per week.

Driver Improvement Clinic Hours of Operation

Ga. Admin. Comp. Chapter 375-5-1-.10 (g) An employee of the clinic must be available during the hours of 10:30 a.m. to 5:00 p.m. to furnish information of operation, verify attendance to a class, or to produce the necessary records or documents whenever requested by a member of the Department. The clinic may close for a lunch hour at a set time, upon notice to the Department of the scheduled lunch hour.

Driver Training School Hours of Operation

Ga. Admin. Comp. Chapter 375-5-2-.11 (k) An employee of the driving training school and/or limited driver training school must be available during the hours of 10:30 to 5:00 p.m. to furnish information of operation, verify attendance to a class, or to produce the necessary records or documents whenever requested by a member of the Department. The school may close for a lunch hours at a set time upon notice to the Department of the scheduled lunch hour. Flexibility in the time may be observed as long as the school is open at least six (6) hours per day, at least three (3) hours of which must fall within the period of 10:30 a.m. to 5:00 p.m.

Ignition Interlock Device Provider Center Hours of Operation

Proposed Rule: Maintain a place where the ignition interlock device provider center will be located which is easily accessible and open during pre-established daily business hours. Provider centers shall maintain daily business hours of at least four hours per day, between the hours of 8:00 a.m. and 8:00 p.m., five days per week.

Important Note: Facilities approved to operate more than one program must establish hours of operation that will satisfy at least the minimum requirements for each of the programs.

Example: If a facility offers driver improvement and risk reduction programs, the hours must meet the more stringent requirements of the driver improvement program and maintain the minimum operation hours of 10:30 a.m. to 5:00 p.m., Monday to Friday.

Hours of Operation:

Indicate below your program's intended hours of operation.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time Open	Time Open	Time Open	Time Open	Time Open	Time Open	Time Open
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
Time Closed	Time Closed	Time Closed	Time Closed	Time Closed	Time Closed	Time Closed

The Department of Driver Services must receive written notice of any business hours changes at least two (2) weeks in advance.

Hours of operation certified by: _____
(Signature of program owner/director)



DUI Alcohol or Drug Use Risk Reduction Program Director **Application Checklist**

PLEASE READ CAREFULLY, AS THE APPLICATION HAS BEEN RECENTLY REVISED

- ☐ All applicants must sign the Statement of Completion at the bottom of this page and include with the application.
- ☐ All applicants are required to complete all sections of the application.
- ☐ All applicants must undergo a fingerprint-based background check as designated by the Department of Driver Services. Instructions will be forthcoming after the application is received.
- ☐ All applicants must submit a notarized Consent for Background Investigation Form. (Form # RC-900)
- ☐ Submit (1) photograph taken within 30 days of application submission.
- ☐ If you have been licensed in a state (or states) other than Georgia in the past five (5) years, you must obtain and submit a Motor Vehicle Report (MVR) from each state in which you were licensed.
- ☐ Submit a notarized letter, signed and dated, from the risk reduction program owner, appointing the applicant as program director.
- ☐ Submit a certificate of completion, or a letter from the owner or director, verifying completion of the 20-hour intervention component of the risk reduction program .

Education Requirements/Employment Verification

- ☐ Submit a copy of an official college transcript awarding an undergraduate or graduate degree in education, the social sciences, counseling, law, business or related field.
- OR**
- ☐ Submit a copy of a high school diploma or GED equivalent. **AND**
- ☐ Submit documentation of at least two years of relevant work experience detailing at least 20 or more hours per week, paid work experience in alcohol and drug prevention and intervention education, substance abuse counseling, operation or management of a service-oriented business or teaching adolescents or adults. Documentation of relevant work experience must be on company letterhead, signed by a person of authority. The documentation must include dates worked, duties performed, subjects or programs taught, and hours per week worked.

STATEMENT OF COMPLETION

I hereby certify that this application includes all documents which are required to be attached, for the approval as outlined above. I understand that an incomplete application or application lacking the necessary paperwork will result in my application not being processed.

Printed Name

Legal Signature

Date

Please submit application and all supporting documents to:
Georgia Department of Driver Services
Attn: Regulatory Compliance Division
2206 East View Parkway
Conyers, GA 30013

An application drop box is also available at the entrance of the Conyers Customer Service Center.



DUI Alcohol or Drug Use Risk Reduction Program Director Application

SECTION 1: Applicant Information

Last Name	First Name	Middle Name	Suffix
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Date of Birth	Driver's License #	State of Issuance	Social Security #
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Home Address	City	County	State	Zip Code
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Mailing Address	<input type="checkbox"/> Same as above	City	County	State	Zip Code
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Home Phone Number	Cell Phone Number	Work Phone Number
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Email Address

- ☐ **I would prefer all correspondence be mailed to the mailing address above.**
Unless the box is checked, all correspondence will be e-mailed to the e-mail address provided.

1.1 Have you been fingerprinted within the past six (6) months for any other DDS program (i.e. driver improvement, driver training)?

☐ Yes ☐ No

1.1.1 If you answered "Yes" to question 1.1, indicate in the space provided below the program(s) for which you were fingerprinted and the date(s).

Program(s)

Date(s)

1.2 Are you currently, or have you ever been, certified as a risk reduction program owner, director or instructor in the state of Georgia?

☐ Yes ☐ No

1.2.1 If you answered "Yes" to question 1.2, list your certification number or the program name(s):

1.3 Are you currently, or have you ever been, certified by the Department of Driver Services, as a driver improvement or driver training owner or instructor, or an ignition interlock operator, or an alcohol and drug awareness (ADAP) instructor?

☐ Yes ☐ No

1.3.1 If you answered "Yes" to question 1.3, indicate your certification type(s) and certification number(s):

1.4 List the name of the risk reduction program where you will be employed as director:



SECTION 2: Applicant Qualifications

2.1 Are you a United States citizen?

☐ Yes ☐ No

2.1.1 If you answered "No" to question 2.1, are you legally present in the United States?

☐ Yes ☐ No

NOTE: *Acceptable proof of citizenship or lawful presence may be required.*

2.2. Are you currently employed with the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Human Resources?

☐ Yes ☐ No

2.3 Do you have a spouse, dependent child, dependent stepchild, or dependent adopted child that is currently employed with the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Human Resources?

☐ Yes ☐ No

2.4 Are you currently employed as a judge, public or private probation officer, public or private probation employee or agent, bail bondsman, employee or agent of a bonding company, law enforcement or peace officer, or employee of a court in this or any other state?

☐ Yes ☐ No

2.5 Do you have a spouse that is employed as a judge, public or private probation officer, public or private probation employee or agent, bail bondsman, employee or agent of a bonding company, law enforcement or peace officer, or employee of a court in this or any other state?

☐ Yes ☐ No

2.6 Do you own, manage, or operate a private company that has contracted to provide probation services for misdemeanor cases in this or any other state?

☐ Yes ☐ No

2.7 Are you at least 21 years of age?

☐ Yes ☐ No

SECTION 3: Criminal History

3.1 Have you ever been convicted of or plead guilty or *nolo contendere* to any crime which constitutes a felony in this or any other state?

☐ Yes ☐ No

3.2 Have you been convicted of or plead guilty or *nolo contendere* to any misdemeanor involving fraud, dishonesty, or deceit within the ten (10) year period preceding the date of this application in this or any other state?

☐ Yes ☐ No

3.3 Have you been convicted of or plead guilty or *nolo contendere* to any other misdemeanor, including driving under the influence, within the five (5) year period preceding the date of this application in this or any other state?

☐ Yes ☐ No

3.4 Are you currently on probation for any criminal offense in this or any other state?

☐ Yes ☐ No



3.4.1 If you answered “Yes” to question 3.4, give the nature of probation in the area below.

Offense	State and County	Date

Offense	State and County	Date

3.5 Are there any criminal charges currently pending against you?

☐ Yes ☐ No

3.5.1 If you answered “Yes” to question 3.5, provide the nature of the charges below.

Charge	State and County	Date

Charge	State and County	Date

3.6 In the space provided below, please list your complete criminal history for the previous ten (10) years, including charges that were dismissed, nolle prossed, or no-billed.

Offense	State and County	Date	Disposition

Offense	State and County	Date	Disposition

Offense	State and County	Date	Disposition

Offense	State and County	Date	Disposition

3.7 Have you received a pardon for any of the offenses listed in question 3.6 above?

☐ Yes ☐ No

3.7.1 If you answered “Yes” to question 3.7, attach a copy of the pardon.

SECTION 4: Driving History

4.1 Do you currently possess a valid driver’s license?

☐ Yes ☐ No

4.2 In the area provided below, list your driver’s license information for the past five (5) years, including any previous states.

Driver’s License Number	State	Expiration Date	Years Licensed in State

4.3 Is your driver’s license or driving privileges currently cancelled, suspended, or revoked in this state or any other jurisdiction?

☐ Yes ☐ No



4.4 Are there any *pending* cancellations, suspensions, or revocations against your driver’s license?
☐ Yes ☐ No

4.5 Has your driver’s license been cancelled, suspended, or revoked within the past five (5) years?
☐ Yes ☐ No

4.5.1 If you answered “Yes” to question 4.5, list the state(s) that revoked, suspended, cancelled, or denied your driver’s license and the reason(s).

State	Reason	Date

4.6 In the space provided below, list your complete driver’s history for the previous five (5) years, including pleas of *nolo contendere*.

Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition

4.7 Are there any traffic charges currently pending against you?
☐ Yes ☐ No

4.7.1 If you answered “Yes” to question 4.7, provide the nature of the charges below.

Charge	State and County	Date
Charge	State and County	Date

SECTION 5: Educational Experience

Name of High School	City/State	Diploma Obtained?	GED?	Date Obtained
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Name of College/University	City/State	Degree Obtained?	Major Field of Study	Dates Attended
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		



SECTION 6: Applicant Affirmation

Under penalty of law, I do hereby swear or affirm that all the information that I have provided herein is complete and accurate.

Furthermore, I will maintain the confidentiality of all program records including, but not limited to: assessment results and other program components. Records shall be confidential and shall not be released without the written consent of the student, except that such records shall be made available to DDS upon request.

I will refrain from abusing alcohol or other drugs, and from using illegal drugs.

I will maintain and submit all reports and information as specified in the DDS rules and regulations, and operations guidelines, and will allow the examination and audit of the books, records, and financial statements of the risk reduction program by the Department of Driver Services.

I hereby authorize the release to DDS of any information necessary for the determination of my application for director certification. I understand that this information will be used only for the purpose of processing my application. Photocopies of this authorization will be valid for the purpose of obtaining requested information.

I understand that to knowingly make a false statement or conceal a material fact in this application will result in the denial of my application, the cancellation of my certification (if applicable), and criminal charges being brought against me.

Legal Signature

Date

Sworn to and subscribed before me

this ____ day of _____ 20 ____.

(SEAL)

Notary

INSTRUCTOR LETTER OF INTENT

I, _____,
(Risk Reduction Program Instructor Name)

**Certification Number _____, am a certified DUI, Alcohol or Drug Use Risk
Reduction Program instructor and have met all of the requirements as outlined by the
Georgia Department of Driver Services.**

***I do hereby voluntarily sign this LETTER OF INTENT, thereby indicating my willingness
to perform the duties of a risk reduction program instructor at the risk reduction school
tentatively named _____.***

Risk reduction school owned by _____

Risk Reduction Program Instructor

Date

**APPLICATION TO REGISTER A BUSINESS TO BE CONDUCTED
UNDER A TRADE NAME/ADOPTED BUSINESS NAME**

STATE OF GEORGIA

COUNTY OF _____

THE UNDERSIGNED HEREBY CERTIFIES THAT THEY ARE

CONDUCTING A BUSINESS AT _____
(STREET ADDRESS)

IN THE CITY OF _____, COUNTY OF _____, IN THE

STATE OF GEORGIA UNDER THE TRADE NAME:

THE NATURE OF SAID BUSINESS IS _____

SAID BUSINESS IS COMPOSED OF THE FOLLOWING PERSON(S) OR CORPORATION

NAME(S)

ADDRESS(ES)

THIS AFFIDAVIT IS MADE IN ACCORDANCE WITH THE ACT OF THE GEORGIA

LEGISLATURE APPROVED AUGUST, 1929, AMENDED MARCH, 1937 AND MARCH, 1943.

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____ 20_____.

NOTARY PUBLIC

This form is provided by the DDS as a sample and may be used by the Clerk of Superior Court. In no way is the Clerk of Superior Court required to use this form.